

CONSENTS, REFERRALS AND WAIT LIST



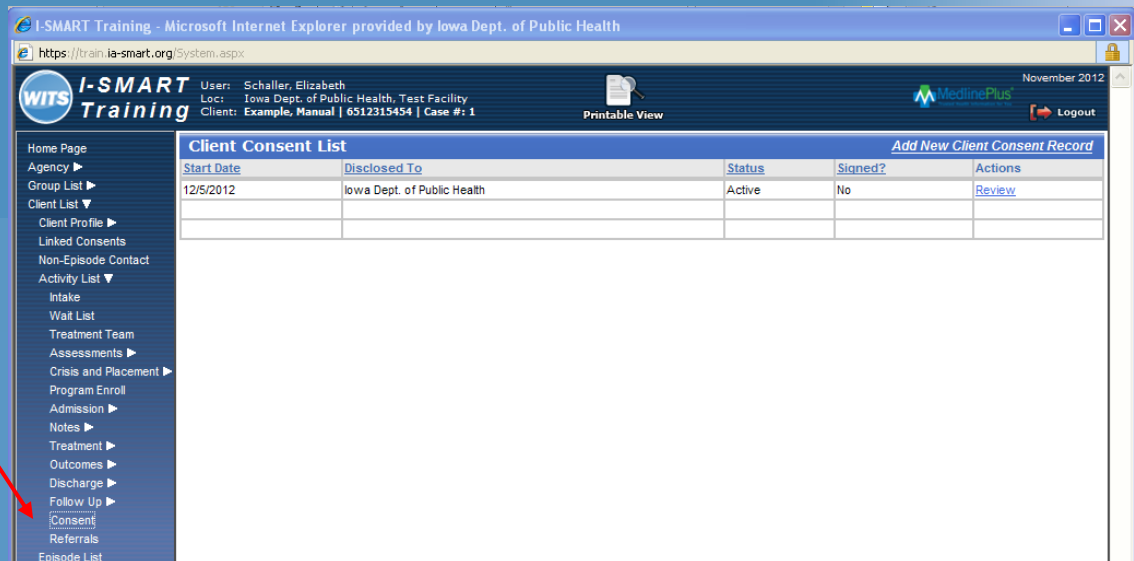
Consent, Referral and Wait List

- ✓ Client Consent
- ✓ Client Referral
- ✓ Waitlist

Consent, Referral, and Wait List

Consent

1. **Entry Steps: Client Profile, Intake**
2. Consents are required before sharing any information about a client with anyone outside the agency. In this system, you need to setup an independent consent with each agency with whom you are going to share information.
3. Go to **Client List** and select the **Activity List** for the desired client. Select **Consent** from the menu.
4. **Review Existing Consents:** There may be several consents already on record. Review any existing consents to see if they will suffice. Ensure they have not been revoked. If it has been revoked, it will be noted in **Status**.
5. Once you have determined that you need to create a new consent, use the **Add New Client Consent Record** hyperlink.



The screenshot shows the I-SMART Training web application interface. The browser title is "I-SMART Training - Microsoft Internet Explorer provided by Iowa Dept. of Public Health". The URL is "https://train.ia-smart.org/System.aspx". The user is logged in as "Schaller, Elizabeth" from the "Iowa Dept. of Public Health, Test Facility". The client is "Example, Manual" with ID "6512315454" and Case #: 1. The main content area displays the "Client Consent List" table. The table has columns for "Start Date", "Disclosed To", "Status", "Signed?", and "Actions". There is one row of data showing a consent dated 12/5/2012, disclosed to "Iowa Dept. of Public Health", with a status of "Active" and "Signed?" set to "No". A "Review" link is available in the "Actions" column. A red arrow points to the "Consent" option in the left-hand navigation menu.

Start Date	Disclosed To	Status	Signed?	Actions
12/5/2012	Iowa Dept. of Public Health	Active	No	Review

Consent, Referral, and Wait List

Consent

- Entities with Disclosure Agreements:** This is a drop down list of the Agencies for which an Agency Disclosure Agreement has been created in the **Agency List/Relationships/Disclosure** screen. If you select an agency from this list, it will pre-fill the **Disclosed to Agency** and the bodies of consented data in the **Disclosure Selections**.
- The client may disallow access to any body of data by de-selecting the item. Simply select the item then click on the left pointing arrow to move the selection(s) to the left-hand box
- Disclosed to Agency:** Select the Agency you intend to send client information. You may only select one at a time. You will have to create another consent if you wish to send information to a second agency.
- If the agency you are disclosing information to is another provider that uses I-SMART, they will be able to see this client's record as soon as you complete and save the consent record.
- If it becomes necessary to share information with entities which are not listed in the drop down box, you may select the "No" for "System Agency" and type in the name of the individual or agency in the **Disclosed to Entity** box.
- Consent Date:** The consent date defaults to the current date. If the consent has been granted earlier, and is on file, I-SMART allows you to change the date in this field.

Consent, Referral, and Wait List

Consent

- Has the Client Signed the Paper Agreement Form?** : The client may have given verbal permission, but has not yet signed the form. Indicate whether or not a signed paper record of the consent is on file. You should not transfer any data until the paper form has been signed and recorded.
- Generate Consent Form:** To obtain a signature, you may use the Print Report icon in the icon bar. It will generate a PDF form which may be printed for signature. After obtaining the signature, you may select **Yes** for **Signed?**.

I-SMART Training User: Schaller, Elizabeth
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6512315454 | Case #: 1

Client Disclosure Agreement
 Note: Consented information may not be redisclosed.
 Client Name: Example, Manual
 Client ID: 6512315454
 Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements
 System Agency:
 Disclosed To Agency:
 Disclosed To Entity (Non System Agency):
 Purpose for disclosure:
 Cancel date of services to be consented:
 Has the client signed the paper agreement form: Date client signed consent:

Client Information Options
 Admission
 Client Information (Profile)
 Intake Transaction
 Miscellaneous Note Detail
 SASSI Scores
 TAP Assessment
 Treatment Plan
 Treatment review

Consent Expires Upon
☐ Discharge(UD) +Days:
☐ Date Signed(DS) +Days:

Disclosure Selection
☐ Consent (DS, +180)
☐ Discharge (DS, +180)
☐ Encounter Detail (DS, +180)

Other Disclosures:

Cancel Save Finish

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, Manual Example authorize Iowa Dept. of Public Health to disclose to Client's Mother the following information

Admission (Until Discharge, +60 days)
 Treatment Plan (Until Discharge, +60 days)

Other Disclosures: None

The purpose of the disclosure authorized herein is to Case Management

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as indicated with each disclosure item above. I understand that generally Iowa Dept. of Public Health may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Signature of participant: _____ Date: 3/16/2007
 Signature of witness: _____ Date: _____
 Signature of parent, guardian or authorized representative when required: _____

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Consent, Referral, and Wait List

Consent

14. **Regulations:** The client must have the option to consent to various bodies of data, without disclosing ALL data.
15. **Consent Options:** An expiration date must be associated with EACH body of data selected for consent. Select the Option in the left hand box. Then using the radio buttons for either **Discharge (UD)** or **Date Signed (DS)**, choose the appropriate date option. You must then choose how many days past either the Date Signed or Discharged the consent will be good for. Click on the right pointing arrow to move the selections to the right hand box. (See Basic Elements Training module for more information on how to use this control to make selections.)
 - a. **Discharge-** The consent will expire based on the date of discharge + the number of days entered.
 - b. **Date Signed-** The consent will expire based on the Consent Date + the number of days entered.
 - c. Example shows expiration dates set based on both **Discharge** and **Date Signed**.

I-SMART Training - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

https://train.ia-smart.org/System.aspx

User: Schaller, Elizabeth
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6512315454 | Case #: 1

November 2012

Generate Report Printable View

Logout

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Example, Manual
Client ID: 6512315454

Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements

System Agency: ☐ No

Disclosed To Agency: ☐ Yes Facility: All Facilities

Disclosed To Entity (Non System Agency): ☐ Yes Des Moines Feed and Grain

Purpose for disclosure: ☐ Yes Continuity of Care

Earliest date of services to be consented: 12/5/2012

Has the client signed the paper agreement form: ☐ No Date client signed consent:

Client Information Options

TAP Assessment

Consent Expires Upon

☐ Discharge(UD) +Days >

☐ Date Signed(DS) +Days <

Disclosure Selection

Admission (DS, +180)
Client Information (Profile) (DS, +180)
Consent (DS, +180)
Discharge (UD, +180)
Encounter Detail (UD, +180)
Intake Transaction (UD, +180)
Miscellaneous Note Detail (UD, +180)
SASSI Scores (DS, +180)
Treatment Plan (UD, +180)
Treatment review (UD, +180)

Other Disclosures:

Cancel Save Finish

Consent, Referral, and Wait List

Revoking a Consent

16. **Revocation:** A client may revoke a consent prior to its expiration. For the **Consent** you wish to revoke, click the **Review** hyperlink next to the appropriate consent.
17. You will see a **Revoke** button at the bottom of the **Client Disclosure Agreement** screen. Click the **Revoke** button. You will be asked to confirm that you want to revoke the consent. Choose **Yes**.
18. The status of the consent will change to **Revoked** in the **Activity List**.
19. Revocation is not retro-active. Whatever was already shared between agencies prior to revocation is not subject to non-disclosure.

Start Date	Disclosed To	Status	Signed?	Actions
12/5/2012	Iowa Dept. of Public Health	Active	No	Review

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Example, Manual
Client ID: 6512315454

Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements

System Agency: ☒ Yes

Disclosed To Agency: Iowa Dept. of Public Health

Disclosed To Entity (Non System Agency): ☐ Yes

Purpose for disclosure: Continuity of Care

Earliest date of services to be consented: 12/5/2012

Has the client signed the paper agreement form: ☒ Yes

Date client signed consent: 12/12/2012

Client Information Options: ☐ Discharge(UD) +Days ☐ Date signed (UD) +Days

Consent Expires Upon: ☐ Discharge(UD) +Days ☐ Date signed (UD) +Days

Disclosure Selection

Admission (DS, 6/10/2013)

Client Information (Profile) (DS, 6/10/2013)

Consent (DS, 6/10/2013)

Discharge (DS, 6/10/2013)

Encounter Detail (DS, 6/10/2013)

Intake Transaction (DS, 6/10/2013)

Miscellaneous Note Detail (DS, 6/10/2013)

SASSI Scores (DS, 6/10/2013)

SAP Assessment (DS, 6/10/2013)

Treatment Plan (DS, 6/10/2013)

Treatment review (DS, 6/10/2013)

Other Disclosures:

Finish Revoke

Start Date	Disclosed To	Status	Signed?	Actions
12/5/2012	Iowa Dept. of Public Health	Revoked	Yes	Review

Consent, Referral, and Wait List

Consent to Referral

- 20. Once you have created a signed consent, you may associate the consent with a referral. Use the review button to select the consent agreement.
- 21. The **Client Disclosure Agreement** screen allows you to create a referral for the client using the **Create Referral Using the Disclosure Agreement** hyperlink. It will take you to the **Client Referral** screen, pre-populating many of the fields.

See Next Page For Creating A Referral

The screenshots show the I-SMART Training application interface. The first screenshot displays the 'Client Consent List' with columns for Start Date, Disclosed To, Status, Signed?, and Actions. The second screenshot shows the 'Client Disclosure Agreement' screen with a 'Create Referral Using this Disclosure Agreement' link. The third screenshot shows the 'Client Referral' screen, which is pre-populated with data from the previous screens. A red arrow points from the 'Create Referral' link in the second screenshot to the 'Referred To' section in the third screenshot.

Client Consent List

Start Date	Disclosed To	Status	Signed?	Actions
12/5/2012	Iowa Dept. of Public Health	Revoked	Yes	Review
12/5/2012	Iowa Department of Corrections	Active	Yes	Review

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Example, Manual
Client ID: 6512315454

Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements

Entity	Disclosed To Agency	Disclosed To Entity (Non System Agency)	Continuity of Care
System Agency	Yes		
Iowa Department of Corrections		Facility All Facilities	

Purpose for disclosure: Continuity of Care

Earliest date of services to be consented: 12/5/2012

Has the client signed the consented information: Yes

Date client signed consent: 12/12/2012

Client Referral for Example, Manual

Referred By: Agency Iowa Dept. of Public Health, Facility Test Facility, Staff Member Schaller, Elizabeth, Program 19-Test Facility/Test Facility Program: 12/11/2012 -

State Reporting Category: Adult Outpatient

Reason: [Dropdown]

If Other: [Text]

Is Consent Verification Required? [Yes]

Is Consent Verified? [Yes]

Continue This Episode of Care? [Yes]

Referred To: Signed Consents Iowa Department of Corrections, Agency Iowa Department of Corrections, Facility [Dropdown], Staff Member [Dropdown], Program [Dropdown], State Reporting Category [Dropdown], Non-System Agency [Dropdown], Non-System Modality [Dropdown], Non-System Specifier [Dropdown], Appt Date [Dropdown] Undetermined

Consents Granted: Consent Date: 12/5/2012, Disclosure Domains: Admission (UD, +180), SASSI Scores (UD, +180), Client Information (Profile) (UD, +180), Consent (UD, +180), Discharge (UD, +180)

Referral Status: Referral Created/Pending

Projected End Date: [Text]

Created Date: 12/12/2012 1:11 PM

Buttons: Cancel, Save, Finish

Consent, Referral, and Wait List

22. **Referred To** - Select the **Signed Consents, Agency** and **Facility** from the drop-down box. If you are referring to a specific staff at that Agency, select the name of the **Staff Member** from the drop-down box. When selecting an agency from the **Signed Consents** drop down, it will populate the **Consents Granted** box.
23. **Note:** A signed Consent is required before sending a referral since you are disclosing the identity of the client through the referral. If no consent exists, you must go back to the consent screen and create one.
24. Select a **Program** to which you are referring and **State Reporting Category** will get populated.
25. You may provide **Comments**. Click **Finish** when done.
26. If you are sending the referral to an I-SMART agency, once you complete and **Save** the **Client Referral** screen, the facility to which you have referred the client will see the referral appear in their **Referrals In** screen under **Agency> Referrals In**. Similarly, referrals sent to you by another using I-SMART using agency can be seen in your **Referrals In** screen.
27. You will see referrals you have made in your **Agency List/Referral Out** screen.

Name	Created Date	Referral Status	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Comments	Actions
Example, Manual	12/12/2012	Referral Created/Pending	Iowa Department of Corrections	Pt. Dodge Correctional Facility		Clinically managed medium intensity residential		Review

Consent, Referral, and Wait List Referral

28. **Entry Steps: Client Profile, Client Intake.**
29. Go to **Client List** and select the desired client. Go to **Activity List** sub-menu and select **Referrals**.
30. **Client Referral List:** To create a new referral from this screen, click on the hyperlink for **Add New Client Referral Record**. This will take you to the **Client Referral** screen.
31. Information about your **Agency, Facility, and Staff Member** will come pre-populated and is read only.
32. **Referred By - Select the Reason for referral, Is Consent Verification Required, Is Consent Verified and Continue this Episode of Care?**
 - Consent Verification Requested?:** This refers to the agreement between your agency and the agency to which you are referring the client. It asks if your agreement requires a paper consent verification.
 - Consent Verified?:** This states whether consent was verified or not if necessary due to your agency agreement.
 - Continue this Episode of Care:** Select yes/no as appropriate. Please note: an episode of care can only be continued if a referral is to another program within the facility.

The screenshot displays the I-SMART Training web application interface. The top navigation bar includes the WITS SMART logo and the title 'Iowa Service Management and Reporting Tool'. The main content area is divided into two sections: 'Referrals from Test Facility' and 'Client Referral for Example, Manual'.

Referrals from Test Facility (Export)

Referral Status Codes

Placed/Accepted
Referral Created/Pending
Referred Terminated
Refused Treatment

Search Criteria

Client Id: Created Date: Referred Date:
First Name: Last Name:

Name	Created Date	Referral Status	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Comments	Actions
Example, Manual	12/12/2012	Referral Created/Pending	Iowa Department of Corrections	Ft. Dodge Correctional Facility		Clinically managed medium intensity residential		Review

Client Referral for Example, Manual

Referred By

Agency: Iowa Dept. of Public Health
Facility: Test Facility
Staff Member: Schaller, Elizabeth
Program: 19-Test Facility/Test Facility Program : 12/11/2012 -
State Reporting Category: Adult Outpatient
Reason:
If Other:
Is Consent Verification Required?
Is Consent Verified?
Continue This Episode of Care?

Referred To

Signed Consents: Iowa Department of Corrections
Agency: Iowa Department of Corrections
Facility:
Staff Member:
Program:
State Reporting Category:
Non-System Agency:
Non-System Modality:
Non-System Specifier:
Appt Date: Undetermined

Consent Date: 12/5/2012
Disclosure Domains:
Admission (UD, +180)
SASSI Scores (UD, +180)
Client Information (Profile) (UD, +180)
Consent (UD, +180)
Discharge (UD, +180)

Comments

Referral Status: Referral Created/Pending
Projected End Date:
Created Date: 12/12/2012 1:11 PM

Consent, Referral, and Wait List

Wait List

33. Entry Steps: Client Profile, Intake.
34. To place a client on the **Wait List** you must first have entered the **Client Profile** and **Intake**.
35. Select the client from the **Client List**, and click **Activity List**. You will see the **Wait List** option in the menu. Click this to launch the **Wait List** screen.

I-SMART Training - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

https://train.ia-smart.org/System.aspx

WITS I-SMART Training User: Schaller, Elizabeth
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6512315454 | Case #: 1

November 2012 MedlinePlus Logout

Printable View

Client Wait List for Example, Manual

Agency: Iowa Dept. of Public Health
Facility: Test Facility
Select Program:
Select Staff:
Modality:
Wait Start Date: 12/12/2012
Wait End Date:
Added to Wait List By: Schaller, Elizabeth

Dually Diagnosed? Assistance Needed to Place This Client:
Patient is Injecting: No Referred to Interim Services:
Patient is Pregnant: No HIV Positive:
Due Date:
Removed From Wait List By:
Reason:
Comments:

[Admit Client](#)

Cancel Save Finish

Consent, Referral, and Wait List

Wait List

36. **Select Program:** The client must be put on the wait list for a specific program. Select the program, and the modality will populate.
37. **Select Staff:** If you want to place the client on the wait list for a specific staff member select that person from the drop down list.
38. **Date:** The date will default to the current date, this can be changed as needed.
39. **Added to Wait List By:** This will default to the user logged into the system. It may be changed as needed.
40. **Dually diagnosed, Pregnant, HIV+.** : Special conditions may affect the facility, program, staff selection and criticality of treatment. Many of these values pre-populate from the Intake screen.
41. **Assistance Needed to Place this Client:** This will indicate if assistance is needed to place this client in another program.
42. If the client gets enrolled in the same program as he/she was waiting for, the system will take them off the wait list. If the client needs to be removed from the wait list for any other reason, go to the **Wait List** screen and complete the **Wait End Date**, **Removed from Wait List by** and **Reason** fields and provide any additional details in the comments box.

I-SMART Training - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

https://train-ia-smart.org/System.aspx

User: Schaller, Elizabeth
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6512315454 | Case #: 1

Printable View

November 2012

Logout

Client Wait List for Example, Manual

Agency: Iowa Dept. of Public Health
Facility: Test Facility

Select Program:

Select Staff:

Modality:

Wait Start Date: 12/12/2012
Wait End Date:

Added to Wait List By: Schaller, Elizabeth

Dually Diagnosed? Assistance Needed to Place This Client:

Patient is Injecting: No Referred to Interim Services:

Patient is Pregnant: No HIV Positive:

Due Date:

Removed From Wait List By:

Reason:

Comments:

[Add Client](#)

Cancel Save Finish

I-SMART Training - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

https://train-ia-smart.org/System.aspx

User: Schaller, Elizabeth
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6512315454 | Case #: 1

Printable View

November 2012

Logout

Client Waiting List

[Put Client on Waiting for Another Program](#)

Full Name	Program	Staff	Pregnant	Due	Dual Diag.	HIV	IV Drugs	Interim Ser	Placement Asst	Start Date	Actions
Example, Manual	Extended Outpatient		No				No			12/12/2012	Review